Name in Full Charles Bliss

Certificate of Death

Died at Town Ocean City County Worcester MARYLAND

Date 1899 Month 8 Day 9 | Age Y. 27 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name 148

Cause of Death: Primary Drowned | Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by W. M. Terrell, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Mrs. Laura F. S. Booker — Certificate of Death

Died at Town Pocomoke City — County Worcester — MARYLAND

Date 189 9 — Month 8 — Day 13 — Age Y. 24 M. D. — Native of — Occupation

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — Widower — Divorced — Number of children living

Husband of Wife Sammy S. Booker

Father's Name W. M. Schoolfield — Mother's Name

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Ledger-Enterprise

Address 8-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 76888

Name in Full Virgie Biddell

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 189 9 Month Aug Day 30 | Age Y. 15 M. D. | Native of Worcester | Occupation

~~Male~~ / ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Jacob Biddell

Mother's Name

Cause of Death: Primary Tuberculosis 22a — How long sick 6 mo

Immediate — Accident, Suicide, Homicide

Reported by Edward Purnell

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79206

Attended by Dr. Eby Holland

of Bustin

Had not seen her since April 22nd. 9th Md

Information contained in this certificate received from

of

J. E. Vice M.D.

Name In Full Dirickson — Certificate of Death

Town Berlin County Worcester

Died at MARYLAND

	Month	Dey	Y.	M.	D.	Native of	Occupation
Dete 189 9	Aug-	1	Age	10		Md	

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — Divorced — Number of children living

Husband of Wife

Fether's Neme John Dirickson — Mother's Neme Kate Dirickson

Cause of Death — Primery: Cholera Infantum 62 — How long sick

Immediate: Meningitis — Accident, Suicide, Homicide

Reported by Jas. E. Dirickson M.D

Address Berlin Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. James C. Dickson

of Berlin Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

C.S.E

Name In Full

Certificate of Death

Lloyd Hancock

Died at Town: Pocomoke County: Worcester MARYLAND

Date 1899 Month: 8 Day: 2 | Age Y. 21 M. D. | Native of Worcester | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name R. W. Hancock Mother's Name Hancock

Cause of Death: Primary Congestive Chill 19 — How long sick 6 days prior to death

Immediate Heart Failure — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. N. Willis

Address Pocomoke City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76888

Name In Full — Certificate of Death

Katherine Collins Harrison

Died at Town: Berlin — County: Worcester — MARYLAND

Date 189 — Month: 8 — Day: 7 — Age: Y. 10 M. 1 D. 15 — Native of: Md — Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number of children living

~~Husband~~ / ~~Wife~~ of

82

Father's Name: Orlando Harrison — Mother's Name: Ada Harrison

Cause of Death — Primary: Malnutrition + Teething — How long sick: All Summer

Immediate: Enteritis Summer Complaint — ~~Accident, Suicide, Homicide~~

Reported by: Ebe Holland

Address: Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full Eugene Holland

Certificate of Death

Died at Near Town Gildletree County Worcester MARYLAND

Date 189 9 Month 8 Day 9 | Age Y. 0 M. 5 D. 27 | Native of Maryland | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Leonard Holland

Mother's Name Annie Holland

Cause of Death: Primary Gastro Enteritis, due to food. Immediate Exhaustion

How long sick Parents say 9 days

~~Accident, Suicide, Homicide~~

Reported by C. H. Bunnum M.D. Only made 1 Visit

Address Gildletree

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Mrs Hillary Hudson

Certificate of Death

Died at Town near St Martins County Worcester MARYLAND

Date 1899 Month 8 Day 11 Age Y. 40 M. D. Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ ~~Wife~~ ~~of~~ Wife of Hillary Hudson

Father's Name Joshua Baker Mother's Name Unknown

Cause of Death: Primary Tuberculosis of Stomach — How long sick 3 or 4 Years

Immediate Tuberculosis 22C — ~~Accident~~, ~~Suicide~~, Homicide

Reported by Edwin J Dickson MD

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. E J Durkee

of Berlin Mass

Seen by Coroner .....

of .....

Information contained in this certificate received

from E J Durkee

of Berlin Mass

Name in Full | Certificate of Death

Nancy Hughes

Died at Town: near Snow Hill | County: Worcester | MARYLAND

Date 1899 Month: August Day: 31 | Age Y. M. D.: 75 | Native of: Maryland | Occupation: House Paper

~~Male~~ — White yes Married yes ~~Widow~~ — Divorced no

Female yes Colored white ~~Single~~ — ~~Widower~~ — Number of children living none

Husband of Wife: John M. Hughes

Father's Name: George Bishop | Mother's Name: Zipporah Bishop

Cause of Death: Primary: Functional disease of liver | How long sick: 5 weeks

Immediate: Hepatitis 92 | ~~Accident~~, Suicide, Homicide

Reported by: Dr. John L. Adelotte

Address: Snow Hill Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Maria Jane Morris

Town

County

Died at Snow Hill Worcester County MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1897 8	20	Age 67	3	20	Md.	—

Male — White — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living 1

Husband of Wife Francis P. Morris

Father's Name William Bowen

Mother's Neme — — — —

Cause of Death — Primary: Heart disease & dropsy — How long sick 6 months

Immediate: Heart failure 5-7 — Accident, ~~Suicide~~, ~~Homicide~~

Reported by Mrs. Lo. P. Jones

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Name In Full James H. Pruitt

Certificate of Death

Died at Town Endleton County Wor. MARYLAND

Date 1899 Month Aug Day 14 | Age Y. 71 M. 11 D. 15 | Native of Md | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

~~Husband~~ ~~Wife~~ of

Father's Name Elijah Pruitt

Mother's Name Mary Pruitt

Cause of Death: Primary 44

Immediate Paralysis

How long sick 6 months

Accident, Suicide, Homicide

Reported by Burbage & Conner Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Information used from Lemuel Buttingham. Gardlitzer Md.

Replied that he did not attend her.

Dr. Chas. Bunnyan attending Md. Gardlitzer Md.

Name in Full Leggie Purnell — Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 189 Month August Day 29 | Age Y. 14 M. D. | Native of | Occupation none

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widowed~~ Widower | ~~Divorced~~ | Number of children living 2

Husband of
Wife

Father's Name

Mother's Name Jennie Purnell

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Curtis J Evans & Son

Address undertakers Berlin md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70858

Attended by Dr. No Dr in attendance

of

Seen by Coroner

of

Information contained in this certificate received

from William E Purnell

of Berlin md

Name in Full Mrs. Sarah A. Purnell

Certificate of Death

Died at Town Bay's End Farm, County Berlin, Worcester MARYLAND

Date 189 9 Month 8 Day 6 | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ of

Wife S. F. Jenkins Purnell

Father's Name John M. Taylor

Mother's Name

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Worcester Advocate Snow Hill

Address 8-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name In Full

Certificate of Death

Infant Son of John Richardson

Died at Town: near Berlin County: Worcester MARYLAND

Date 1899	Month: 8	Day: 24	Age Y.: 1	M.: year	D.:	Native of: Berlin Md	Occupation: — 4 —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of —

Wife

Father's Name: John Richardson

~~Mother's~~ Name: —

Cause of Death		How long sick
	Primary: Enteritis	1 month
	Immediate: Enteritis	Accident, Suicide, Homicide

Reported by: Edward O Murray

Address: Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Edwin J. Durkee

of Berlin Mass

Seen by Coroner .....

of .....

Information contained in this certificate received

from Edwin J Durkee M D

of Berlin Mass

Name in Full

Certificate of Death

Lillie May Robinson, Col.

Died at Town: Snow Hill County: Worcester MARYLAND

Date 1899 — Month: 8 — Day: 13 | Age Y. 7 M. 7 D. 6 | Native of U. S. | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~

Father's Name George H. Robinson

Mother's Name Nellie Robinson

Cause of Death: Primary — Immediate: Diphtheria 8a

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by W. W. Baughman M.D.

Address Snow Hill, Wor. Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary Taylor

Died at Town: Snow Hill | County: Worcester | MARYLAND

Date 1894 Month: Aug. Day: 16 | Age Y. 55 M. D. | Native of: Maryland | Occupation: House/reeper

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of William Taylor

Father's Name: George Mills | Mother's Name: — 25c

Cause of Death: Primary: Scirrhus of right breast | How long sick: about 9 months

Immediate: Sepsis, and Exhaustion | Accident, Suicide, Homicide

Reported by: John S. Aydelotte M.D.

Address: Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55558

Name in Full

Certificate of Death

Leah White

Died ~~at~~ near Town Snow Hill County Worcester MARYLAND

Date 1897 Month August Day 10 | Age Y. 63 M. — D. — | Native of Maryland | Occupation House keeper

~~Male~~ — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~ —

Female yes ~~Colored~~ white Single yes Widower — Number of children living —

Husband of Wife —

Father's Name Quinton White

Mother's Name Rachel White

Cause of Death: Primary Hypertrophy of heart — How long sick 3 month

Immediate Asthma 57 — Accident, Suicide, Homicide

Reported by Dr. John S. Gadelette

Address Snow Hill Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998